

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street)

☐ check if different than previously reported

1707 L STREET NW STE 750

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

(b) Communication Title Desperate

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Emily Buchanan

(b) Address (number and street)

1707 L Street NW Ste 750

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Susan B Anthony List

(e) Occupation

Executive Director

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

50200.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 10/19/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.